

HOSPITALS-2003

SUMMARY OF JCAHO TYPE ONE FINDINGS:

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Patient Rights:

RI.1.2.1 – At one MTF, in six records reviewed, informed consent was either over detailed in medical language or lacked specificity to the particular procedure or patient.

CARE OF PATIENTS

Special Procedures:

TX.7.1.7 – At one MTF, the review of two closed behavioral health restraint records with one restraint episode each, revealed that neither had a time limitation stated in the physician order for the restraint as required by organizational policy.

LEADERSHIP

Role in Improving Performance:

LD.5.2 – At this MTF, although the organization had completed a failure mode and effect analysis, the project was begun in August 2002 and completed in September 2002. This timetable failed to meet the required completion date of July 2002.

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SUMMARY OF JCAHO SUPPLEMENTAL FINDINGS:

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Patient Rights:

RI.1.2.5 – At another MTF, in the review of closed medical records, advance directive information was missing from one patient record.

RI.1.3.2 – At a third MTF, during a tour to the ICU, it was noted that patient rooms had video surveillance that was visible to visitors and non-patient care staff from monitors at the nursing station. Staff were advised to assess alternatives which would better ensure patient privacy, and include a notice to patients that their room was under video surveillance as an additional patient safety measure

ASSESSMENT OF PATIENTS

Initial Assessment:

PE.1.2 – At one MTF, in the review of two open obstetrical records, it was noted that neither record contained documentation indicating that the nutritional status of the patient had been addressed in the initial assessment. Patients in the alcohol and drug program were not consistently screened for nutritional risk as part of the initial assessment. The present form did not clearly identify those criteria that would require a further assessment by the nutritionist. A new form is currently in the revision and development phase.

PE.1.4 – At another MTF, an initial pain assessment is usually performed on all patients, but records in the Gynecology and chiropractic Clinics reveal inconsistency in compliance with the requirements to conduct this assessment.

PE.1.4 – At this MTF, of four open records reviewed within the clinic, a pain screen was not documented in one record and in another record the assessment documented for a patient with identified pain did not quantify nor characterize the pain. It should be noted that thirteen (total) other records

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reviewed in the Internal Medicine, Urology, Ophthalmology & Surgery Clinics as well as Outpatient Physical/Occupational Therapy all contained an appropriate pain screen/assessment.

PE.1.4 – At another MTF, in review of open and closed medical records, there were two examples of an incomplete pain assessment. The intensity level was not documented as required by organizational policy.

PE.1.4 – At yet another MTF, the review of open and closed medical records, reflected an inconsistent pain assessment when warranted by the patient's condition. There were numerous methods to document the initial, comprehensive, or reassessment of the patient's pain; however, some documentation was not identified in reviewed records.

PE.1.4 – At one MTF, initial pain assessments are performed regularly; however, when pain is identified and interventions occur the reassessment is inconsistent. When reassessment is documented, it is often not clear when the reassessment has been performed. There is rarely a pain scale associated with the reassessment. Part of the problem is the electronic documentation tool available to the staff. The "blank" used for this reassessment has a drop-down menu which offers only subjective criteria and not pain scale selections.

PE.1.7.1 – At another MTF, the review of open and closed medical records, revealed that one open record did not have the history and physical recorded within 24 hours. There was an admission note, but the content did not meet the intent of the rules and regulations. Documentation revealed that the dictation was done within 13 hours of admission, but was not available on the record for another 25 plus hours.

PE.1.8.1 – At this MTF, one of twenty-two open and closed medical records did not contain a pre sedation assessment.

PE.1.9 – While at this MTF, during the review of open and closed medical and ambulatory records, it was noted that there was inconsistent screening of patients for potential abuse according to criteria developed by the organization.

PE. 1.9 – At another MTF, the review of closed medical records indicated that documentation of screening for potential victims of abuse was missing in three records.

Reassessment

PE.2.1 – At an MTF, one out of ten open medical records did not have vital signs recorded in the initial patient assessment.

Care Decisions:

PE.3 – At another MTF, it was noted that there was not consistent collaboration and coordination among the various disciplines in identifying and prioritizing patient care needs for inclusion into the patient care plan. The care plans did not consistently address all of the problems identified. There is not consistency in identifying and prioritizing patients care needs in the alcohol and drug program. The patient needs a comprehensive problem list with the priority problems identified on the treatment/care plan. The present assessments do not list all of the conclusions and/or findings that have been identified.

CARE OF PATIENTS

Planning and Providing Care:

TX.1.1 – At one MTF, in the Substance Abuse and Community Mental Health Programs it was noted that treatment plans did not reflect the quality or comprehensive nature of services provided. The plans were adequate but did not give credit to the programs for the individual.

TX.1.1.1 – At another MTF, in the alcohol and substance abuse treatment program, staff complete a comprehensive assessment. All of the deficits identified in this assessment that are to be treated as a priority are incorporated into the treatment plan. There isn't adequate documentation in the treatment plan for deficits or problems that are identified to reflect which treatment will be deferred. Specifically, justification is not always documented when identified patient needs are deferred.

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Medication Use:

TX.3.3 – At one MTF, during the review of open and closed medical records, one closed medical record did not have a verbal order for a controlled medication that was administered in the post anesthesia care unit (PACU). The policy is to document a verbal order for medications administered if the order was not written by the provider. The organization has since initiated pre-printed PACU orders with individualization for each patient receiving PACU care.

Also, the organization's policies and procedures for the Allergy-Immunology Clinic indicated that temperatures for each of the clinic's three refrigerators should be recorded in a log twice each day. During the month of November 2003, the temperatures were not logged during: 19 of the 60 shifts for the Sanyo refrigerator, nine of the 60 shifts for the Jordan refrigerator freezer, four of the 60 shifts for the Frigidaire refrigerator. There were only two other refrigerators in the other four clinic locations reviewed by the ambulatory specialist and each of them was checked appropriately. The refrigerator used for storing skin tests for collagen implants in the general surgery clinic, was not plugged into an emergency electrical outlet.

TX.3.3 – At an MTF, a syringe filled with an unlabeled medication was found in an anesthesia cabinet in the operating room area.

TX.3.5.5 – At one MTF, there were a few clinical areas of the hospital where emergency medications were not adequately controlled. The imaging area, cath lab, and some outpatient clinical areas did not have a system to replace emergency drugs after each use.

Special Procedures:

TX.7.1.5 – At another MTF, the review of closed medical records revealed that an initial order for restraint for a four-hour period was appropriately documented; however, a subsequent order for continued use of restraint was not documented.

TX.7.5.5 – At this MTF, one of four records reviewed with restraint use included one episode of restraint with no order and one episode with a PRN order. Monitoring documentation was inconsistent with the requirements of the policy. Most documentation was every two hours, but the policy requires documentation every hour. The organization had recognized the documentation issues several months prior to the survey and has taken action to correct them. Open records had all required documentation.

EDUCATION

Patient and Family Education and Responsibilities:

PF.3 – At this MTF the patients do not consistently receive education and training specific for their assessed needs, abilities, learning preferences, motivation, and readiness to learn as appropriate to the care and services provided by the alcohol and drug program.

CONTINUUM OF CARE

Continuum of Care

CC.4 – At one MTF, the hospital transfer policy and process does not address the responsibility for the patient during the transfer. A new policy and directives were developed during the survey to comply with the standard.

IMPROVING ORGANIZATION PERFORMANCE

Aggregation and Analysis:

PI.4 – At one MTF, it was noted that although appropriate data points were being collected, the intense analysis process was not detailed enough to really understand the results and identify opportunities for improvement. The intense analysis process was not detailed enough to really understand the scope of the analysis process and reference to opportunities for improvement were minimal.

LEADERSHIP

Directing Departments

LD.2.4 – At another MTF, the staff of the alcohol and drug program has been short one out of three staff counselors for 9 months. The program had requested the position be filled and a recent P.I. study supports the request for filling the position. It does not appear that leadership has placed sufficient emphasis on this area.

LD.2.7 – At one MTF, the kitchen dishwasher temperature log lacked approximately fourteen required shift recordings during the past month.

LD.2.7 – At another MTF, on organizational tours, several culture tubes were identified in the active stock that was expired from a few weeks to several months. At that time, these were removed from the active stock. The pharmacy inspection completion rate was on time for inpatient care and ambulatory clinics 90 percent of the time.

Integrating and Coordinating Services:

LD.3.2 – The staff interview at one MTF revealed the lack of knowledge for the laboratory critical values. Reference is made to point of care testing of blood glucose where different critical values were mentioned and none as stated in the hospital policy.

MANAGEMENT OF ENVIRONMENT OF CARE

Planning:

EC.1.5.1 – At THREE MTFs, their Plans For Improvement (PFI) were determined acceptable however, additional Life Safety Code (LSC) findings were identified by the surveyors at the time of survey.

Please update Part 4 PFI of the Statement of Conditions (SOC) to include all supplemental recommendations identified in your official report. The updated PFI does not need to be sent to the Joint Commission; however, it remains your responsibility to continue to maintain and update the PFI for review at future surveys

EC.1.7 – At another one MTF, there is not an organizational plan to address the procedure in the event of a total sewage outage. A process had not been developed to provide for ongoing patient care.

Existing Healthcare Occupancies:

EC.A.1C.2 – At one MTF, the stairwell interstitial door six by 17-BZ needed maintenance to achieve positive latching.

EC.A.21.4 – At another MTF, the Brace Shop corridor double doors...had in excess of 1/8 inch median gap between the doors. This was corrected during the survey.

EC.A.3D.3 – At this MTF, the inter-building fire door...did not positively latch. This was corrected during the survey.

EC.A.5K.3 – At this MTF, two exit signs in the emergency department were missing and then added during the survey.

EC.A.6J.2.a – At this MTF, a soiled linen chute lacked a positive latching device.

Implementation:

EC.2.1 – At one MTF, on the psychiatric unit, the plumbing fixtures for the toilets needed to be lowered to prevent a patient from committing suicide. Also, the metal vents on the ceiling needed to be modified or replaced to prevent a patient from hanging him or her self.

EC.2.1 – The bathroom door hinges on the mental health unit at one MTF poses a hazard to patients with suicidal intentions. Plans have been implemented to correct this issue. In the bulk oxygen storage area, several large cylinders were not secured properly. The method to secure these items is being accomplished.

EC.2.2 – The annual review of all seven safety plans at one MTF had been conducted and documented however, the content of the review was superficial and was not supported by continuous plan measurement metrics, e.g., the review of the security management as well as the hazardous materials

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management plans scope & objectives merely outlined the scope and objectives of the Review Process rather than an evaluation of the appropriateness of the scope and objectives of the plan. Additionally, there was no conclusion supported by plan performance metrics that addressed the overall effectiveness of the plan & opportunities for plan improvement. Finally, the annual review of the Utility Management Plan merely consisted of: 1) a listing of the performance indicators selected as well as the percent compliance for such indicators, 2) a statement of the goals established for that year, and 3) a listing of some of the plan's accomplishments for that year.

EC.2.3 – At one MTF, several K cylinders of compressed gas stored within the central gas cylinder storage room were unsecured despite having a chain “draped” over them. This was corrected during the survey.

EC.2.7 – At this MTF, the wall recessed electric switch panel within the kitchen had an open and unprotected electric bus bar that permitted accidental contact with a live electric energy source thus creating a potential electric shock hazard.

EC.2.10.2 – At another MTF, the organization had just begun inspecting fire department connections on April 30, 2003. Accordingly, quarterly inspections were not being conducted as required by this standard.

Other Environmental Considerations:

EC.3.2 - At one MTF, parking at the Medical Center is extremely limited. Although this problem has the continuing attention of the executive leadership, measures taken to date have not resolved the situation. Patients utilizing the satellite refill pharmacy, located some distance away from the Medical Center, experience long waiting periods in extremely cramped and crowded conditions. This in marked contrast to the conditions patients will encounter at the main hospital pharmacy. A project has been developed to deal with this unsatisfactory situation.

MANAGEMENT OF INFORMATION

Information Management Planning:

IM.2.1 –In the Imaging Department at one MTF, X-ray films are released after obtaining a proper authorization, however, the organization had no process to insure the return of those films. The only time the staff are aware of missing films is when asked for again.

Patient-Specific Data and Information:

IM.7.3.2.1 –Two of 29 open and closed medical records at one MTF, lacked a completed operative report authenticated by the surgeon and filed in the medical record as soon as possible after surgery because of a transcription delay.

IM.7.4 – In one open clinic record at one MTF, the problem list was used incorrectly and the entries referred to a treatment rather than an ongoing condition.

IM.7.4.1 – At another MTF, thirty-one open ambulatory records were reviewed by the team. Five of them did not contain the summary list as required.

IM.7.5.2 – At this MTF the patient condition at discharge was not documented in 4 out of 10 records of patients treated in the Emergency Department. Most were records of patients discharged from the Emergency Department, to be admitted to the hospital.

IM.7.8 – During the review of open and closed medical records at one MTF, there were several entries to the records that did not contain a date as to when the documentation was completed.

SURVEILLANCE, PREVENTION AND CONTROL OF INFECTION

Surveillance, Prevention and Control of Infection:

IC.4 – At one MTF, it was noted that I.V. pumps did not consistently meet an acceptable level of cleanliness. There was no process in place to determine if the pumps had been cleaned and by whom.

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In the LDRPN crash cart, it was noted that the integrity of two of the endotracheal tube packages had been compromised due to the tears within the wrapper.

MEDICAL STAFF

Credentialing:

MS.5.12.3 – At this MTF, one of eleven credential files did not contain substantive information about clinical or technical skills at the time reappointment.

MS.8.3 – At another MTF, the peer review process of the medical staff is functioning well; however, documents are not clear about conditions for peer review, time frames, and definition of “peer”.

HOSPITALS-BEHAVIORAL - (EDIS)-2003 **SUMMARY OF JCAHO SUPPLEMENTAL FINDINGS**

CARE OF PATIENTS

Treatment Planning:

TX.1.4 – The format of the plan of care at one MTF was revised within the past year to incorporate ongoing changes in treatment. Prior to this revision, changes or revisions to treatment were documented in the SOAP notes. Thus while there is currently full compliance, this has not been in place for 12 months prior to the survey

Physical Therapy Care and Services:

TX.5.4 – At another MTF, Occupational therapy services and physical therapy services are provided and are usually but not always available or provided at a level called for in the management of pain.

CONTINUUM OF CARE

Continuum of Care

CC.4 – At one MTF, staff shortages in the program have required prioritizing activities. This has resulted in some clients not receiving all services as described in the plan and/or delays in referrals being initiated or carried out. The staff has prioritized service delivery appropriately and is doing an excellent job of caring for patients within the limits of the available time.

CC.5 – Records reviewed at this MTF, indicated that there were occasional delays in the completion of referred services or requested assessments. These delays were traced to staff shortages. The staff shortages are being addressed.

MANAGEMENT OF ENVIRONMENT OF CARE

Implementation:

EC.2.1 –The review of the EDIS at one MTF revealed there were eye drops in a first aide kit that had an expiration date in 1998. This suggests that the process for implemented ongoing hazard surveillance in the EDIS could be strengthened.

AMBULATORY-2003 **SUMMARY OF JCAHO TYPE ONE FINDINGS**

CONTINUUM OF CARE:

Continuum of Care:

CC.4 - At this MTF, the organization had not developed an emergency transfer plan that specifies how transfers of patients requiring emergency, immediate or urgent care are integrated with the local

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emergency medical services system. Policies and procedures concerning the protocol for emergency transfer (for example, to local hospitals with emergency treatment facilities), to include conditions for transfer and the information that must accompany the patient, had not been documented. External medical/surgical consultations are made through the TRICARE office to either a military or civilian consultant. Although the majority of consultations are carried out in a timely manner by federal regulations, there is no tickler mechanism to alert the organization and ultimately the referring provider, if a consultation is not kept by the patient. Consequently, necessary referral or diagnostic care may be compromised if the provider is not aware of this situation and assumes that the consultant is providing follow up patient care to the patient.

IMPROVING ORGANIZATION PERFORMANCE:

Data Collection:

PI.3.1 – At this MTF, the performance improvement plan details the methodology to be used when completing process or outcome improvement projects. However, the plan does not identify those performance areas that will be monitored by data collection, the method of data collections, nor how the collected data will be analyzed. Eleven areas are identified as TQM areas of quality as they relate to the organization's missions/vision, e.g. primary care clinics, women's health, pediatrics, and readiness. However, the plan does not reflect what measuring tools will be used, what data will be collected, and then how will variances from pre-established levels of acceptable performance be analyzed. Data is frequently collected in many aspects of care, however, the organization has not clearly analyzed this data to determine applicability, reliability, and designated how this data will be related to the delivery of care in this setting.

Performance Improvement:

PI.5 – The organization failed to demonstrate ongoing and significant sustained improvement (for up to 12 months) of redesigned processes under the performance improvement program. Further, data had not been collected nor had performance measures been used to determine if improvement had been sustained, and feedback had not been provided to staff and leaders on a regular basis.

LEADERSHIP:

Improving Performance:

LD.4 – At this MTF, expectations and priorities for performance improvement were not well defined by organization leadership, as revealed in interviews and review of documentation of performance improvement minutes and activities.

LD.4.3 – At this MTF, Performance improvement activities did not focus on processes that most affect important patient care and organization functions. For example, although the leadership had identified up to 11 key 'TQM Focus Function' areas (including outpatient services, population health and readiness, as examples), most of these functions were not systematically integrated into the organization's overall performance improvement program, nor were substantive multi-disciplinary improvement initiatives defined for these areas.

LD.4.5 – At this MTF, the leaders had not set measurable objectives or process criteria for improving organization performance, and for monitoring the effectiveness of the overall performance improvement program.

MANAGEMENT OF ENVIRONMENT OF CARE:

Implementation:

EC.2.1 – At this MTF, Consultative visits by environment of care staff from an Army Medical Center (AMC) provided the organization some technical assistance, and identified opportunities for improvement in the design and implementation of the areas of environmental safety. Outside of these

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visits, the organization had not performed the required annual evaluation of the safety management program's (or of any of the other environment of care programs') objectives, scope performance, and effectiveness.

EC.2.10.1 – At this MTF, self-evaluation safety surveys had not been documented, nor had the organization developed an accident investigation program to address staff incidents and injuries (as identified in a recent safety audit conducted by the AMC).

MANAGEMENT OF HUMAN RESOURCES:

Competence Assessment:

HR.4.2 – The performance data at this MTF for some staff had been collected, but not analyzed for patterns and trends. Consequently, aggregate performance data had not been used to identify staff learning needs, nor had summaries of staff competence levels and competence maintenance activities been reported to the leaders at least annually.

HR. 5 – At this MTF, twenty percent of staff's (six-part) files in the survey sample reviewed did not contain a current and/or timely performance evaluation, or evidence that these personnel had been assessed for their ability to achieve the expectations and performance standards of their job descriptions.

AMBULATORY-BEHAVIORAL - (DRUG AND ALCOHOL)-2003 **SUMMARY OF JCAHO TYPE ONE FINDINGS**

LEADERSHIP:

Role in Improving Performance:

LD.4.3 –The behavioral health unit at this MTF, has not thoroughly identified the areas for performance measurement, the measuring tools to be used, or how the analysis will be accomplished. For example, mental health appointment access times, substance abuse sobriety success rates related to different treatment approaches, etc.

MANAGEMENT OF HUMAN RESOURCES:

Qualifications, Competencies, and Clinical Responsibilities:

HR.2 – Because of the small size of this organization, the loss of one individual may result in discontinuation of services. The loss of the Alcohol and Substance Abuse Counselor approximately 11 months ago and the loss of the Family Advocacy Program Counselor three months ago resulted in temporary part-time assistance from other military facilities, together with adjusted access modes to obtain medical care. No evidence of patient injury has been recognized, however, it is unknown as to what impact this has made upon the line command military patients.

AMBULATORY-2003 **SUMMARY OF JCAHO SUPPLEMENTAL FINDINGS**

IMPROVING ORGANIZATION PERFORMANCE:

Aggregation and Analysis:

PI.4.3 – At this MTF, all medication errors and adverse drug reactions are tabulated and presented to the performance improvement committee. Although committee minutes at times thoroughly discuss some errors, there is no tabulation of errors that are broke down into groups identifying the cause of the error: e.g. provider typing wrong dosage, provider prescribing the wrong medication (education issue), CHCS computer system error, filling the container with the wrong medication, and pharmacist error in not

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catching internal dispensing errors. Consequently, there is no clear documentation as to corrective action relating to the specific subgroups identified above, nor any tracking of errors as they might be related to specific providers, specific medication types, etc.

MANAGEMENT OF ENVIRONMENT OF CARE

Implementation:

EC.2.10.4 – At this MTF, the facility's emergency generator had been load tested on a quarterly, and not on a monthly basis as required for such utility systems. It was noted that the generator (not required for the organization's business occupancy classification), was scheduled for permanent disconnection in the near future.

MANAGEMENT OF HUMAN RESOURCES

Credentialing and Privileging of Licensed Independent Practitioners:

HR.7.2.1 – At this MTF, a review of provider files revealed that selected solo specialty providers (internist, optometrist, flight surgeon and physical therapist) had not undergone the same review of competence (peer review) as primary care (including pediatric) providers. Recent changes in this process will require an ongoing review by either Madigan Army Medical Center or other local provider, to address the inconsistent feedback and monitoring of these providers.

AMBULATORY-BEHAVIORAL- (DRUG AND ALCOHOL)-2003 SUMMARY OF JCAHO SUPPLEMENTAL FINDINGS

LEADERSHIP:

Organization Planning:

LD.1.1 – At this MTF, although there are Army Instructions mandating the existence of programs in family advocacy, mental health, and substance and alcohol abuse, some of these documents are more than nine years old and may not reflect the specific programs or extent of these programs within this organization. There is no universal single document plan that detail how this program with its three elements will be carried out, how performance will be measure, and what measurable parameters will be utilized to judge effectiveness in the delivery of care.

Integrating Services:

LD.3.3 –The behavioral health program at this MTF, is functionally related to the ambulatory Army Health Clinic. Although leadership documents of the Army Health Clinic relate that the behavioral health program is one of the areas in which Total Quality Management (TQM) is to be achieved, there are few examples of how this is going to be achieved, tracked or trended, and how effectiveness of the program will be judged in its support of the Army Health Clinics mission/value/goals.